

**Lake Area Psychiatry, LLC**  
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**ALAN WALKER, MSW, LCSW**

**Board Certified Diplomate in Clinical Social Work**

***INFORMATION, POLICY STATEMENT AND AGREEMENT***

I am pleased that you have chosen me to be your psychotherapist. This document is designed to inform you of my background and to be sure that you understand our professional relationship. The counseling relationship is a unique one. Though not a personal or social relationship, it is a meaningful relationship that can and should facilitate growth through openness and honesty in a safe and trusting environment.

I am a Licensed Clinical Social Worker (LCSW #974) with certification to supervise by the state of Louisiana. An LCSW can offer private psychotherapy services, and Louisiana law requires insurance companies to pay for mental health services provided by an LCSW just as they would for a psychiatrist or psychologist. I am also recognized by the American Board of Examiners in Clinical Social Work as a Board Certified Diplomate in Clinical Social Work (BCD #018122) and by the National Association of Social Workers as a Diplomate in Clinical Social Work (DCSW). The BCD and DCSW are advanced credentials requiring at least five years of post masters degree clinical social work experience, completion of a clinical curriculum in the MSW, and successful completion of a written examination. The BCD and DCSW are nationally recognized credentials which set minimum standards for those who wish to provide private clinical social work as well as providing a way to assure that those standards are maintained for consumers of those services. I am a Certified Peer Reviewer by the National Association of Social Workers. I am a past chair of the Louisiana State Board of Social Work Examiners, the regulatory board for professional social workers which is charged with responsibility for licensing and regulation. I served on that board from 1993-1999. I am a past president of the Louisiana Society for Clinical Social Work and served on its board of directors from 1982-91. I have also served on the board and as vice-president of the Association for Clinical Social Work Vendorship (now the LA Association of Clinical Social Workers). I briefly served as the chair of the Lake Charles Branch of NASW, and in 1989 and 1995 received the Dorothy Schenthal Leadership award from NASW and in 1997 received the Social Worker of the Year award, also from NASW.

I earned a Master of Social Work (MSW) degree with an emphasis in individual and family psychotherapy from Louisiana State University in 1975. I also hold a B.A. degree with majors in both psychology and sociology from Oral Roberts University. My practice serves primarily adult clients. I utilize varied approaches to psychotherapy which may include: individual, couple/marital, family, and group therapy. I try to use the counseling technique that is best suited to an individual client's needs. My specialty areas include cognitive therapy, brief solution focused therapy, stress management training, EMDR, assertiveness training, anxiety, panic, depression, relationship counseling, etc.

I do not prescribe medication. I am not licensed to do this, but if some type of medication seems appropriate for the treatment of your problem, I will consult with, or refer you to, a board certified psychiatrist affiliated with my group, Lake Area Psychiatry.

I will keep confidential anything you say to me unless you, or your legal representative, direct me to tell someone else, or in my professional judgment I determine that you are a danger to yourself or others. Testimonial privileges, exceptions, and waiver with respect to communications between a social worker and his client are governed by the Louisiana Code of Evidence. Confidentiality limits shall include, but are not limited to, the following situations:

- a. Where circumstances give rise to the list of exceptions to the health care provider-patient privilege listed in the LA Code of Evidence Article 510.

- b. Where communications to the social worker reveal abuse or neglect of children and elders which impose an obligation on social workers as mandatory reporters under the Louisiana Children's Code Article 609, LA R.S. 14:403, and LA R.S. 14:403.2.
- c. Where communications to the social worker relate to abuse or neglect of residents of healthcare facilities which impose duty to report under LA R.S. 40:2009.20.
- d. Where the social worker has a duty to warn in relation to communications of threats of physical violence under LA R.S. 9:2800.2.
- e. Where the social worker has been appointed to conduct an evaluation for child custody or visitation by the court or where prior communications to the social worker relate to the health conditions of a client(s) who are parties to proceedings or custody or visitation of a child and the condition has substantial bearing on the fitness of the person claiming custody or visitation.

Generally I can be contacted during regular office hours by calling my office (☎478-9331). If I am not available, please leave a message with my secretary or answering service. I will return your call as quickly as possible. In order to maintain healthy boundaries and out of respect for my need for privacy and family time, my home phone number is not available. Emergencies, when I am unavailable, will be referred to one of my professional colleagues at Lake Area Psychiatry. My office hours are scheduled daily, normally Monday through Friday, at 8:30, 9:30 or 10:30 a.m. or 1:00, 2:00, 3:00, or 4:00 p.m., except my last appointment is at 3:00 p.m. on Friday. The last appointments of the morning and afternoon are generally reserved for initial appointments of new clients. Each appointment lasts about 50 minutes. Arrangements for half sessions may be made.

In the event you are dissatisfied with my services for any reason, please let me know. If my office or I are not able to resolve your concerns, you may report your complaints to the Louisiana State Board Social Work Examiners, 18550 Highland Road, Suite B, Baton Rouge, LA 70809, ☎(800) 521-1941 or via internet at <http://www.labswe.org> or [socialwork@labswe.org](mailto:socialwork@labswe.org).

In return for the following fees, I agree to provide psychotherapy services to you:

INITIAL CONSULTATION/EVALUATION	\$150.00
INDIVIDUAL PSYCHOTHERAPY (full session)	125.00
INDIVIDUAL PSYCHOTHERAPY (half session)	75.00
MARITAL/COUPLE THERAPY	150.00
FAMILY THERAPY	150.00
EXPERT WITNESS (per hour)	350.00
TELEPHONE CONSULTATIONS (per 15 minute increment)	30.00

My services will be rendered in a professional manner consistent with the accepted ethical standards as determined by the Rules, Standards and Procedures for Social Workers as determined by the licensing board. A copy of this code is available upon request or by accessing the Social Work Board's web site listed above. No further specific promises are made or implied.

The fee for each session will be due and must be paid at the conclusion of each session. Cash and personal checks are acceptable for payment. If you are unable to pay at the time of your appointment, special arrangements will need to be made with me in advance. If you do not fulfill your obligation to pay your bill within ten (10) days of the date of the bill, your counseling sessions may be discontinued at my discretion. As your psychotherapist, I will not be held responsible for any harm to yourself or others stemming from discontinuation of your counseling due to lack of payment.

In the event you will not be able to keep a scheduled appointment, you must notify me at least 24 hours in advance. If I do not receive such advance notice, you will be billed for the session you missed per clinic policy. Of course, exceptions may be made in case of legitimate emergencies. No further appointment will be scheduled until the failure fee is paid in full. Most insurance companies will legitimately refuse to pay for this type of charge.

If I am asked or subpoenaed to give a deposition or to appear in court in your behalf, I require that a deposit of \$350 be paid in advance of the deposition or court date. Should more than one hour be required, payment of the balance due is required at the end of testimony session.

Should you desire to utilize your insurance coverage for reimbursement of fees for my services, this office will be happy to assist in the completion of any necessary forms related to your reimbursement provided by you or the insurance company. However, we are not responsible for the disposition of any claims. Since you will be paying me each session for my services, any later reimbursement from your insurance company should be paid directly to you. Please do not assign payments to me. Although Louisiana law has a "freedom of choice" statute (R.S. 22:669) which requires insurance companies to reimburse clients for my services, some evade that requirement by claiming exemption under the federal ERISA statute. You should contact a company representative to determine whether or not your insurance company will reimburse you. If there is some question as to what a Licensed Clinical Social Worker is, or my credentials, please inform me of such, and I will contact the insurance company and follow through with any reasonable documentation they may require.

Health insurance companies often require that I provide a diagnosis of your mental conditions and indicate that you have an illness before they will agree to reimburse you. Any diagnosis will become part of your insurance record. I will be glad to discuss your diagnosis with you prior to its submission, if you request this. Other insurance companies require specific information regarding the services rendered to you. Before I release ANY information to an insurance company, I require a signed release from you authorizing the information to be released.

I believe your responsibilities as a client to be: follow office procedures for scheduling and keeping appointments; follow office policies for payment of fees; participate equally in the therapeutic relationship; and should you be dissatisfied with our relationship or wish to see another therapist, that you terminate our therapeutic relationship before being seen by another psychotherapist.

For and in consideration of services rendered and to be rendered, I/we jointly promise to pay for any and all charges incurred. I/we have read and understand the above policies.

\_\_\_\_\_ X \_\_\_\_\_  
*Date* *Client signature*

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*Alan Walker, MSW, LCSW* *Co-signature*